

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17	1			1		
18		1		1		
19		1		1		
20		1		1		
21		4		4		
22		4		4		
23	1		1			
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		8		8		
32		12		12		
33		12		12		
34		6		6		
35		12		12		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48			1			
49				1		
50				1		
TOTAL IND.	3					
TOTAL DEP.	73					
TOTAL CLAIMS	76					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		1				
53		2				
54		1				
55		2				
56		2				
57		2				
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97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	101					
TOTAL CLAIMS	104					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS